

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

FEB 29 2012 Date Received  
Office Use Only

## COVER PAGE

BY: B. J. H.

Please type or print in ink.

NAME OF FILER (LAST) Halderman (FIRST) Linda (MIDDLE) F

## 1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

29th Assembly District

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/16/12  
(month, day, year)

Signature

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name
Asm. Linda Halderman, M.D.

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name <u>Linda Halderman, MD</u>	
Address (Business Address Acceptable) <u>2037 W. Bullard #305 Fresno, CA</u>	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b> <u>General Surgeon</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>      </u> / <u>11</u> / <u>11</u> ACQUIRED                  DISPOSED
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>owner</u>	
<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> \$1,001 - \$10,000	
<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b> <u>Interhealth Canada, Inc.</u>	
<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>      </u> / <u>11</u> / <u>11</u> ACQUIRED                  DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other	
Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>      </u> / <u>11</u> / <u>11</u> ACQUIRED                  DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	
<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> \$1,001 - \$10,000	
<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>	
<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u>      </u> / <u>11</u> / <u>11</u> ACQUIRED                  DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other	
Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments:

# SCHEDULE D Income - Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Asm. Linda Halderman, M.D.

► NAME OF SOURCE

AT&T Inc. and it's Affiliates

ADDRESS (Business Address Acceptable)

1215 K STREET, SUITE 1800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government Affairs for AT&T

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 21 / 11	\$ 95.00	1 ticket to Fresno Chamber Installation Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Pacific Gas and Electric Company

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 280, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government Affairs for PG&E

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 30 / 11	\$ 145.90	Dinner Event - Mortons
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Council for Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Plaza Drive, Suite 150, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501C3 Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 75.45	Dinner event - Spataro
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Asm. Linda Halderman, M.D.

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

Klamath Alliance for Resources & Environment

ADDRESS (Business Address Acceptable)

P.O. Box 1234

CITY AND STATE

Yreka, CA 96097

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

Non Profit organization working with natural resources

DATE(S): 5 / 19 / 11 - 5 / 20 / 11 AMT: \$ 300.92  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

KARE Woods Tour - lodging, meals, photo book and gift basket. Gift basket was donated.

► NAME OF SOURCE

California Psychiatric Association

ADDRESS (Business Address Acceptable)

1029 K Street, Suite 28

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

organization for psychologists in the state of California

DATE(S): 9 / 24 / 11 - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 239.10  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Gift included dinner at location of speech on health care legislation and a hotel room for night of event.

► NAME OF SOURCE

Sierra Pacific Industries

ADDRESS (Business Address Acceptable)

P.O. Box 496028

CITY AND STATE

Redding, California 96049

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Forest Products Company

DATE(S): 5 / 19 / 11 - 5 / 20 / 11 AMT: \$ 206.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Air Transportation to and from KARE Woods Tour.

► NAME OF SOURCE

Stanislaus Surgical Hospital

ADDRESS (Business Address Acceptable)

1421 Oakdale Road

CITY AND STATE

Modesto, CA 95355

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Hospital

DATE(S): 10 / 8 / 11 - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 384.53  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Stanislaus Surgical Hospital Board Retreat - Gift was for hotel room on night of event.

Comments:

Page 1 of 2 - Schedule E

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

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- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

Stanislaus Surgical Hospital

ADDRESS (Business Address Acceptable)

1421 Oakdale Road

CITY AND STATE

Modesto, CA 95355

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Hospital

DATE(S): 10 / 8 / 11 - / / - AMT: \$ 208.32  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Cost of meal and location provided during Stanislaus Surgical Hospital Board Retreat. Spoke at event.

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): / / - / / - AMT: \$  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

American College of Surgeons - Northern CA Chapter

ADDRESS (Business Address Acceptable)

179 Canterbury Avenue

CITY AND STATE

Daly City, CA 94015

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Association of Surgeons in Northern California

DATE(S): 5 / 14 / 11 - / / - AMT: \$ 186.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Amount includes hotel room and dinner. Spoke at the meeting about health care legislation in California.

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): / / - / / - AMT: \$  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments:

Page 2 of 2 - Schedule E